PTO/SB/06 (08-0;
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_Ur	ider the Paperwo	onk Reduction Act of) 1995, no	persons are requ	ired to respond	to a collection of in	iomation unle	ss it displa	ays a valid OMB	control numbe
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 09/431593		
CLAIMS AS FILED – PART I (Column 1) (Column 2)						SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	FOR	NUMB	NUMBER FILED NUM		ER EXTRA	RATE	FEE		RATE	FEE
	SIC FEE CFR 1.16(a))						\$	OR		\$
	AL CLAIMS CFR 1.16(c))		minus 20) = •		x \$=		OR	× \$ =	
	EPENDENT CLAII CFR 1.16(b))	MS	minus 3 = •			x \$ =		OR	x \$ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ \$ =		OR	+ \$ =	
* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL	
	C	LAIMS AS AM	ENDED	– PART II						
(Column 1) (Column 2) (Column 3)					SMALL I	ENTITY	OR		R THAN ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	. 7	Minus	" 20	=	x \$=		OR	X \$=	, <u> </u>
JEN I	Independent (37 CFR 1.16(b))	. /	Minus	·· 3	=	x \$=		OR	x \$=	
A	FIRST PRESENT	ATION OF MULTIPLE	E DEPENDI	ENT CLAIM (37 CF	R 1.16(d))	+ \$ =		OR	+\$ =	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)					
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	. PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDME	Total (37 CFR 1.16(c))	•	Minus	**	=	x \$=	:	OR	× \$=	
	Independent (37 CFR 1.16(b))	•	Minus	100	=	x \$=		OR	× \$ =	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$=		OR	+\$ =	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)					7
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	•	Minus	••	=	x \$=		OR	× \$=	
AMENDMENT	Independent (37 CFR 1.16(b))	•	Minus	***	Ξ	× \$=		OR	x \$=	
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$=		OR	+ \$=	
TOT/ ADD								OR	TOTAL ADD'L FEE	

<sup>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</sup>